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basis of data collected in representative cities in Missouri in the school sessions 1919-20 and 1920-21.

2. Girls in practically every age group were absent from school on account of sickness more than boys, but boys were absent from causes other than sickness more than girls.

3. During the ages studied (6-16 years), sickness decreased with age, but absence from causes other than sickness decreased up to 10 or 11 years and then increased with age.

AN ANALYSIS OF 10,628 NEW JERSEY REPORTS OF GONORRHEA AND SYPHILIS.

By A. J. CASSELMAN, Acting Assistant Surgeon, United States Public Health Service; Consultant, Bureau of Venereal Disease Control, New Jersey State Department of Health.

More than 1 per cent of all the unmarried men between the ages of 20 and 25 are reported *each year* as infected with gonorrhea or syphilis.

Veneral diseases are reported more frequently among unmarried than among married men; but in women the proportion is reversed, married women are reported as infected more frequently than single women.

These conclusions are among the more obvious ones drawn from an analysis of more than 10,000 reports of venereal diseases received from the physicians of New Jersey by the State department of health. More than this number of reports were received during the period included in this study—August 1, 1920, to July 31, 1922—but all of the reports were excluded in which, for any reason, the nature of the disease, the age, the sex, or the marital condition of the person reported were omitted or written illegibly, and all military reports as well.

The reports received are divided as follows: ¹

	Male.		Female.		Total.
	Single.	Married.	Single.	Married.	
Gonorrhea.....	3,366	1,186	301	274	5,127
Syphilis.....	1,821	1,753	627	1,300	5,501
Total.....	5,187	2,939	928	1,574	10,628

Totals mean little in venereal disease records; for we know that many cases remain untreated or are treated but not reported by prescribing druggists; and we believe that some physicians still neglect to report their cases in spite of the efforts to convince them of the value of the law which requires them to report. But while totals

¹ The figures were compiled by the bureau of local health administration, State department of health, Trenton, N. J.

may be of little value, comparative statistics are illuminating. If we divide the reports of gonorrhea and syphilis by the number of persons of corresponding sex, age, and marital condition in the State, we may obtain a more exact knowledge of the distribution of these diseases among special groups in the population, and the menace of the spread of the diseases from one group to another.²

The proportion of gonorrheal and syphilitic infections reported in the various age groups for the single and married males and females is indicated in the accompanying cut in tenths of 1 per cent of the population.

The most salient fact indicated by this graph is that of all the unmarried males in the 20-24 age group (Fig. I), 8.4 per 1,000 are reported annually for gonorrhea and 2.5 per 1,000 for syphilis. While gonorrhea declines sharply after the third age group of the unmarried males, syphilis continues to rise until the last group is reached. The obvious explanation for this would be that gonorrhea is a disease of relatively short duration, whereas syphilis is a chronic disease, symptoms of which may appear many years after infection. Those cases of syphilis reported in the later age groups may have been infected at the same age as was the greater part of all gonorrheal cases. But this explanation can not be applied to the married males (Fig. II), for in this class both diseases show the same downward trend throughout the various age groups from some cause as yet unexplained, the reduction of gonorrhea cases being more marked than that of syphilis.

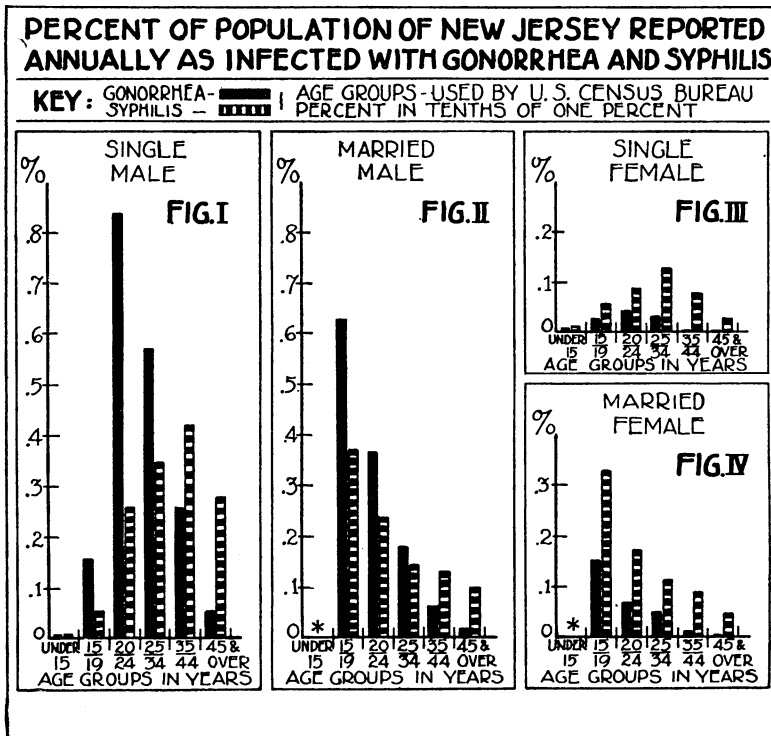
The very small number of single females reported as infected with gonorrhea (Fig. III) must be accounted for in one of three ways: Not many unmarried women are in fact infected with the disease; or physicians do not report these cases; or women infected do not generally seek treatment for the disease. The last explanation probably more nearly meets the facts. If a considerable number of unmarried

² The population distribution of New Jersey by sex, age, and marital condition as determined by the last census (1920) is made available in advance of the complete census report through the courtesy of the Director of the Census. It is divided as follows:

Number of single and married males and females in New Jersey for 1920.

Age period (years).	Males.		Females.	
	Single.	Married.	Single.	Married.
Total, all ages.....	862, 078	672, 837	784, 399	653, 672
Under 15.....	479, 597	88	473, 103	85
15 to 19.....	124, 195	1, 354	119, 359	9, 665
20 to 24.....	99, 149	30, 599	72, 466	66, 381
25 to 34.....	59, 974	183, 449	57, 186	206, 766
35 to 44.....	36, 479	194, 509	28, 071	175, 588
45 and over.....	32, 158	262, 323	33, 876	194, 680
Age unknown.....	526	515	335	507

women were not infected, it is difficult to account for the enormous number of infections in the male. While the woman who is promiscuous in her sex relations may be more promiscuous than the average man, this might account for a preponderance of infections in the male, but it could not account for the great difference in the number of infections that does exist. As legalized prostitution does not exist, we assume that the infections reported represent only a small proportion of the actual cases. That women fail to seek medical treatment for gonorrheal infections is acknowledged by gynecol-



* As the proportion of venereal disease infections in the first age group of the married persons of both sexes is so high (because the number in the group is so small—88 males and 85 females) and the factor of error is so great, the percentage of this age group is omitted.

ogists, who see many cases of pelvic inflammations caused by neglected gonorrhea. This is one of the factors which makes the control of gonorrhea difficult, and is one which must be met.

A higher proportion of gonorrhea is reported among married women than among single (Figs. III-IV), and syphilis is more than twice as common among the married group. As in the married males, the two diseases decline throughout the age groups (Fig. IV), the decline being greater in gonorrhea. It is interesting to note that the

curves of gonorrhea and syphilis in the single females likewise correspond in their general trend to those in the single males.

Since the ratio of venereal infections between the single and the married males is about 2 to 1 (see Figs. I-II), and this ratio is reversed among the females, one might conclude that if a man would lessen his chance of venereal infection he should marry, but if a woman would lessen hers she should not marry. This conclusion is not warranted, but this analysis does indicate that there is needed some procedure which will tend to prevent the marriage of persons suffering from a venereal disease in an infectious stage.

It may also be concluded that if venereal disease control is to be made effective, physicians must be induced to discover, whenever possible, and include in the data reported to the State department of health, the specific source of the particular infection. Without disclosing the name of the patient who is reported, the State department can turn over to the local board of health having jurisdiction the name of the person given as the source of infection. This person may then be induced by the local health officer to seek physical examination and treatment. This should prove an effective means of bringing under treatment especially those women who do not now seek treatment for gonorrheal infections.

NOTE ON COOPERATIVE RURAL HEALTH WORK IN DUBUQUE COUNTY, IOWA.

In the report of the director of health (Field Agent D. C. Steel-smith, United States Public Health Service) of Dubuque County, Iowa, for the month of August, 1922, it is noted that no deaths among infants or of children under 4 years of age were reported during that month in the registration district of Dubuque County, comprising the city of Dubuque and three rural townships. This is a remarkably good record for a summer month for a population of 40,000 almost entirely urban, between 38,000 and 39,000 being in the city and the remainder in the rural sections of the registration area. The director attributes this excellent showing principally to the improvement in the sanitary quality of the milk supply, brought about largely since the cooperative health unit was established in the county in May, 1921.

There were 29 deaths in the district during the month, giving an annual death rate of only 8.5 per 1,000 population. Seven deaths occurred in the age group 50-60; 6 deaths in the age group 60-70; and 5 deaths in the age group 70-80. Ninety-five births were reported in the district during the month, giving an annual birth rate of 27.9 per 1,000 population.